

Behavioral Health (BH) Utilization Review (UR) Caseload Report

November 16, 2009

The UR positions at BH were first developed to act as “gate keepers” for the Bring the Kids Home Initiative (BTKH). The main gate keeping functions were to:

- Identify in state resources as alternatives to out of state (OOS) Residential Psychiatric Treatment Centers (RPTC) for parent custody families
- Approve or deny Medicaid payment for OOS RPTCs if services at the same level of care were available in state
- Manage Individualized Service Agreements (ISA) funds for eligible youth and families that allow youth to receive community based treatment services

Since UR staffing began in 2005, various efforts in the BTKH Initiative appear to have been successful. Current data support a 76.5% decrease in the number of non-custody youth admissions into OOS RPTCs; a 55.3% decrease in the number of recipients receiving OOS RPTC services; and a 932% increase in ISA utilization from FY 06 to present (49 ISAs in FY06 compared to 506 in FY 09).

This decreased utilization of OOS RPTCs, in combination with increased community based treatment options, has necessitated policy revision considerations for BH/UR staff functions that include:

- Refocus from “gate keeping” and “utilization review”
- Provision of more family assistance as “resource facilitators” for identified non-custody youth and families
- Suggested name change from utilization review staff to resource facilitators
- Provision of resource facilitation to providers in the children’s continuum of care
- Identify families for active resource facilitation
- Monitor treatment of families throughout the continuum of care
- Emphasis on data driven detailed analysis of special populations at high risk for OOS RPTCs
- Identification of service gaps to include in Requests for Proposals (RFP) grant processes

The following table reflects the current number of youth in each regions caseload:

Regional Caseload	Numbers of Cases July 1-September 30, 2009 (Regions According to Qualis)						Totals
	Anchorage	Mat-Su	Northern	SW	SE	SC	
Referral Sources							
ISA	129	0	9	12	3	2	293
Acute care admissions	127	25	52		1	9	251
RPTCs (in-state) admissions	43	12	14	3	2	5	79
RPTCs (out-of-state) admissions	16	2	6	1	1	2	28
Community based referrals to Acute & RPTC	81	18	25	6	1	7	147
DHSS referrals to Acute & RPTC (includes referrals from OCS & DJJ)	6	1	1	2	1	1	12
Totals	402	58	107	15	6	2	810
Active Resource Facilitation (youth/families)							
Youth in RPTCs over 300 days	27*	5	7	2	1	1	43
Special populations/complex needs	16	1	2	2	3		24
High risk for RPTC community based families	3			3			6
Families identified by Qualis	15						15
Totals	61	6	9	7	4	1	88
Considerations for Active Resource Facilitation (not yet implemented)							
Recidivists							
Youth admitted into acute care more than once in a 6 month period of time							
Youth in RPTCs over 180 days							
Youth receiving ISAs for an extended period of time (TBD)							

* It is noteworthy that 9 of the 27 have Autism Spectrum Disorder diagnoses and 2 of the 27 have been diagnosed with moderate mental retardation.